FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Cawthorn, David, Madison, ,					
	(b) Address (number and street) 657 N Rugby Rd	☐ Check if address changed		Candidate's FEC Identification Number H0NC11233		
	(c) City, State, and ZIP Code				3. Is This No	ew Amended
	Hendersonville	NC	2879 ⁻	1	Statement (N) OR (A)
4.	Party Affiliation	5. Office Sought			ict of Candidate	
	REPUBLICAN PARTY	House		NC	13	
	DE	SIGNATION OF PRI	NCIPAL	CAMPAIGN	COMMITTEE	
7.	I hereby designate the following nar	ned political committee as my	y Principal (Campaign Comm	nittee for the 2022 (year of elec	election(s).
	NOTE: This designation should be f	iled with the appropriate offic	e listed in the	ne instructions.		
	(a) Name of Committee (in full) CAWTHORN FOR 1	NC				
	(b) Address (number and street) 638 SPARTANBURG HWY, S	STE 70 #362				
	(c) City, State, and ZIP Code					
	HENDERSONVILLE			NC	28792	
	DE	SIGNATION OF OTH		THORIZED (g Representative		
8.	I hereby authorize the following name candidacy.	ned committee, which is NOT	my principa	al campaign com	mittee, to receive and ex	pend funds on behalf of my
	NOTE: This designation should be f	iled with the principal campai	gn committe	ee.		
	(a) Name of Committee (in full) TAKE BACK THE H	OUSE 2022				
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA			MD	20824-0844	
	I certify that I have exa	mined this Statement and to	the best of I	my knowledge ar	nd belief it is true, correct	and complete.
Si	gnature of Candidate				Date	
C	awthorn, David, Madison, ,		[Elect	ronically Filed]	12/07/2021	
N	OTE: Submission of false, erroneous,	or incomplete information ma	ay subject t	ne person signin	g this Statement to penal	ties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
	CAWTHORN TRIUMPH COMMITTEE						
	(b) Address (number and street) 3103 JULIAN GLEN CIR						
	(c) City, State, and ZIP Code						
	WAXHAW NC 28173						
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						